

**OFFICIAL USE:**

EXAM FEE:

FIRST  
LICENSE:**ARIZONA STATE BOARD OF COSMETOLOGY**

1721 E. BROADWAY TEMPE AZ 85282

(480) 784-4539 FAX: (480) 784-4962

PLACE  
PASSPORT  
QUALITY  
PHOTO  
HERE**APPLICATION FOR EXAMINATION****INCOMPLETE APPLICATION WILL BE RETURNED CAUSING A DELAY IN EXAMS  
ALL FEES - NON REFUNDABLE (MONEY ORDER OR CASHIERS CHECK ONLY)**☐ Aesthetics ☐ Cosmetology ☐ Nail Technology ☐ Instructor - ☐ C ☐ N ☐ A**Exam fee: Written - \$50.00 Practical - \$50.00** (both exams=\$100.00) **1<sup>st</sup> License fee: \$40.00****Upon successfully passing:** a license will mailed instead of a pass notice. The fee will held for 1 year or until issues**PERSONAL DATA (Full Legal Name)**

Social Security # \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_

\_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

BIRTHDATE

Address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Area Code - PHONE # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

**TYPE OF EDUCATION:** \_\_\_\_\_ Diploma \_\_\_\_\_ HS Transcript \_\_\_\_\_ GED \_\_\_\_\_ Proof of Age\_\_\_\_\_  
**YOUR NAME ON PROOF OF DOCUMENTATION****ARIZONA INFORMATION**

Have you ever been licensed in Arizona? \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever failed an Az exam? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Your name when licensed or examined\_\_\_\_\_  
License # / \_\_\_\_\_ Area failed: \_\_\_\_\_ Written \_\_\_\_\_ Practical

Expiration date

**COSMETOLOGY SCHOOL TRAINING:**\_\_\_\_\_  
Name of school attended

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Number of hours attended From: \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YY)

Did you graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No (if you have attended more than one school, please list on a separate examination application)

**VISIT:** [www.nictesting.org](http://www.nictesting.org) for Candidate Information Bulletins for examination information**\*\*\*ALL TRAINING ABOVE MUST MATCH WITH PROOF OF HOURS FORM THAT IS TO BE SUBMITTED**\_\_\_\_\_  
Yes \_\_\_\_\_ No Have you taken a National Exam within the past year? If so, what state: \_\_\_\_\_

Date last taken: \_\_\_\_\_

**\*\*\*\*(INSTRUCTOR USE ONLY) - PLEASE CHECK IF YOU HAVE PROOF OF: \*\*\*\***\_\_\_\_\_  
Has five years of licensed industry experience within the ten years preceding the application and meets requirements as prescribed by the board in its rules.**Applicant's signature:** \_\_\_\_\_